NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 16, 2018

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Kathryn D. Bass, M.D.
[redacted]

Re: License No. 258238

Dear Dr. Bass:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 18-088. This order and any penalty provided therein goes into effect April 23, 2018.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204, telephone # 518-402-0846.

Sincerely,

[redacted]

Robert A. Catalano, M.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Kathleen M. Sweet, Esq.
Gibson, McAskill & Crosby
69 Delaware Avenue, Suite 900
Buffalo, New York 14202-3866

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

BPMC No. 18-088

IN THE MATTER OF KATHRYN BASS, M.D.	CONSENT ORDER

Upon the application of (Respondent) KATHRYN BASS, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Consent Order shall be effective upon issuance by the Board, either by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 4/13/2018

[redacted]

ARTHUR S. HENGERER, M.D.
Chair
State Board for Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER OF KATHRYN BASS, M.D.	CONSENT AGREEMENT

KATHRYN BASS, M.D., represents that all of the following statements are true:

That on or about August 13, 2010, I was licensed to practice as a physician in the State of New York, and issued License No. 258238 by the New York State Education Department.

My current address is [redacted] and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", attached to and part of this Consent Agreement.

I agree not to contest the Fifth Specification as it relates to paragraphs C and C.1, C and C.2, and C and C.3, in full satisfaction of the charges against me. I deny the remaining allegations and Specifications, and agree to the following penalty:

[redacted]

Pursuant to N.Y. Pub. Health Law § 230-a(1), I shall be subject to a Censure and Reprimand.

Pursuant to N.Y. Pub. Health Law § 230-a(9), I shall be placed on probation for a period of twenty-four (24) months, subject to the terms set forth in attached Exhibit "B." Upon Respondent's successful completion of the first 12 months of probation, the Respondent may petition the Director for an early release from probation, and the Director shall exercise reasonable discretion in deciding whether to grant Respondent's petition.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall comply with each and every penalty imposed by this Order pursuant to N.Y. Pub. Health Law § 230-a.

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days

after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.5, including but not limited to the requirements that a licensee shall: report to the department all information required by the Department to develop a public physician profile for the licensee; continue to notify the department of any change in profile information within 30 days of any change (or in the case of optional information, within 365 days of such change); and, in addition to such periodic reports and notification of any changes, update his or her profile information within six months prior to the expiration date of the licensee's registration period. Licensee shall submit changes to his or her physician profile information either electronically using the department's secure web site or on forms prescribed by the department, and licensee shall attest to the truthfulness, completeness and correctness of any changes licensee submits to the department. This condition shall take effect 30 days after the Order's effective date and shall continue so long as Respondent remains a licensee in New York State. Respondent's failure to comply with this condition, if proven and found at a hearing pursuant to N.Y. Pub. Health Law § 230, shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(21) and N.Y. Educ. Law § 6530(29). Potential penalties for

failure to comply with this condition may include all penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, including but not limited to: revocation or suspension of license, Censure and Reprimand, probation, public service and/or fines of up to $10,000 per specification of misconduct found; and

That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the N.Y. Pub. Health Law.

[redacted]

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities or other confidential information, if any, redacted. As public documents, they may be posted on the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the

[redacted]

proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE 4/11/18

[redacted]
KATHRYN BASS, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 4/11/18

[redacted]
KATHLEEN SWEET, ESQ.
Attorney for Respondent

DATE: 4/11/18

[redacted]
TIMOTHY MAHAR, ESQ.
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 4/12/18

[redacted]
KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT "A"

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

OF

KATHRYN BASS, M.D.

STATEMENT

OF

CHARGES

Kathryn Bass, M.D., the Respondent, was authorized to practice medicine in New York State on or about August 13, 2010, by the issuance of license number 258238 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent, a board certified pediatric surgeon, provided medical care to Patient A (Patients are identified by name in Appendix A herein), then 6 years old, at the Women & Children's Hospital of Buffalo (WCHOB), Buffalo, New York during the period from on or about December 7, 2010 through December 23, 2010 for a bowel perforation, and a subsequently non-functioning colostomy. On December 7, 2010 Respondent performed an exploratory laparotomy, closure of a rectal perforation due to trauma, treatment of peritonitis, and a sigmoid colostomy, among other procedures, on Patient A. On December 17, 2010, it was determined that the non-functioning limb of Patient A's colon had been used in the formation of the colostomy on December 7, 2010, rendering the colostomy non-functional over the preceding 10 days. Respondent then performed surgery to revise the colostomy to use the functional limb of the colon in the ostomy. In the care of Patient A, Respondent deviated from accepted standards of care or failed to exercise the care that a reasonably prudent pediatric surgeon would have exercised under similar circumstances as follows:

1. Respondent failed to adequately identify the functional limb of the colon in the formation of the colostomy on December 7, 2010.

[redacted]

1. Respondent failed to adequately identify the functional limb of the colon in the formation of the colostomy on December 7, 2010.
2. Respondent failed to construct an adequate colostomy on December 7, 2010.
3. Respondent failed to adequately supervise the surgeon in training to be a pediatric surgeon, assisting her in the formation of the colostomy on December 7, 2010.
4. Respondent failed to timely diagnose the obstruction of the colostomy.
5. Respondent failed to maintain an adequate medical record for Patient A, including, but not limited to, signing a discharge summary which failed to adequately describe the medical basis for the corrective surgery performed on December 17, 2010.

B. Respondent provided medical care to Patient B at WCHOB and at a WCHOB outpatient clinic during the period from on or about December 2, 2010 through May 5, 2011 for bilateral inguinal hernias and an umbilical hernia, among other conditions. Patient B was born on November 8, 2010 at approximately 26 weeks gestation. On February 1, 2011 Respondent performed a laparoscopic bilateral inguinal hernia repair on Patient B. At the time of discharge, Patient B's parent received instructions for an outpatient, follow-up appointment with Respondent on April 4, 2011. At the April 4, 2011 outpatient appointment, Respondent diagnosed Patient B with a left inguinal hernia and an umbilical hernia, without documenting that Respondent had performed a bilateral inguinal hernia repair on February 1, 2011. A clinical finding of a "silk glove sign" was documented at that time. On May 4, 2011, Respondent performed laparoscopic surgery on Patient B to repair the purported inguinal hernia, and noted, among other things, that both internal inguinal rings were closed and that there was no evidence of bilateral inguinal hernias. Respondent did perform an umbilical hernia repair. In the care of Patient B, Respondent deviated from accepted standards of care

[redacted]

or failed to exercise the care that a reasonably prudent pediatric surgeon would have exercised under similar circumstances as follows:

1. Respondent failed to adequately obtain and/or evaluate Patient B's surgical history at the time of the April 4, 2011 outpatient evaluation.
2. Respondent failed to adequately obtain and/or evaluate Patient B's surgical history prior to performing laparoscopic surgery on May 4, 2011 to repair a purported left inguinal hernia and a possible right inguinal hernia.
3. Respondent performed surgery to repair a hernia and/or hernias on May 4, 2011 without adequate surgical indications at that time.
4. Respondent failed to maintain an adequate medical record for Patient B.

C. Respondent provided medical care to Patient C, then a three-week-old, preterm infant, at WCHOB during the period from on or about April 9, 2012 through May 2, 2012. Among the surgical procedures Respondent performed on Patient C during that period was a left thoracotomy and ligation of a patent ductus arteriosus (PDA) with a large clip on April 24, 2012. In the week following the PDA ligation, a bronchoscopy and CT of the chest with contrast showed, among other things, persistent left lung atelectasis, a collapsed left mainstem bronchus, and a complete collapse of the left lung with no patent bronchus below the level of the left-sided PDA clip. On May 4, 2012, Patient C underwent surgery at Strong Memorial Hospital, Rochester, New York to relieve the left bronchial compression. Included in the operative findings was that the surgical clip from the PDA ligation 10 days earlier had been placed across the PDA, across the recurrent laryngeal nerve, and across the proximal left main bronchus. In the care of Patient C, Respondent deviated from accepted standards of care or failed to exercise the care that a reasonably prudent pediatric surgeon would have exercised under similar circumstances as follows:

1. Respondent inappropriately occluded with a surgical clip all or part of the left main bronchus during the surgery on April 24, 2012.

[redacted]

2. Respondent failed to adequately supervise the surgeon in training to be a pediatric surgeon, who was assisting Respondent during the PDA ligation surgery.
3. Respondent failed to maintain an adequate medical record for Patient C.

D. Respondent provided medical care to Patient D, then 16 years old, at the WCHOB during the period from on or about January 12, 2012 through March 3, 2012 for, among other things, an intra-abdominal mass subsequently diagnosed as a lymphadenopathy. Respondent initially diagnosed Patient D's condition as acute cholecystitis. In the care of Patient D, Respondent deviated from accepted standards of care or failed to exercise the care that a reasonably prudent pediatric surgeon would have exercised under similar circumstances as follows:

1. Respondent diagnosed and/or surgically treated Patient D for acute cholecystitis without adequate medical indications.
2. Respondent on one or more occasions failed to adequately and/or timely re-assess the diagnosis of acute cholecystitis and/or Patient D's condition pre-cholecystectomy, after the results of the gallbladder pathology were reported.
3. Respondent misstated and/or falsely stated in the operative report dated January 25, 2012, certain findings of the pre-operative ultrasound of the right upper abdominal quadrant obtained on January 24, 2012 and /or the CT of the abdomen obtained on January 24, 2012.
4. Respondent misstated and/or falsely stated in the operative report dated February 8, 2012 that the ultrasound findings (pre-cholecystectomy) were "consistent with acute cholecystitis" and/or that Patient D " returned [to the hospital] 2 weeks later [post-cholecystectomy] with complaints of low back pain..." , when in fact, the patient had first returned to the hospital with complaints of low back pain since the surgery, on January 30, 2012, three days after discharge following the cholecystectomy.

[redacted]

5. Respondent failed to maintain an adequate medical record for Patient D.

E. Respondent provided medical care to Patient E at WCHOB during the period from on or about February 10, 2012 through May 21, 2012 for gastroschisis, bowel atresia, and bowel obstruction and/or stricture, among other conditions. Included among the surgeries and procedures Respondent performed on Patient E were a small bowel anastomosis to repair the ileocolonic atresia on February 11, 2012, the second day of life, and at the same time, a silo placement over the gastroschisis defect. On March 21, 2012, after Patient E had experienced weeks of bowel distention, Respondent performed a rectal biopsy to rule out aganglionosis. On March 25, 2012, Patient E, then six weeks of age, was noted to be in respiratory failure requiring emergent intubation with a mottled appearance, among other things. Another surgeon performed on that date a resection of Patient E's small bowel to, among other things, treat "a near full [bowel] obstruction in the region of the anastomosis." In the care of Patient E, Respondent deviated from accepted standards of care or failed to exercise the care that a reasonably prudent pediatric surgeon would have exercised in similar circumstances as follows:

1. Respondent failed to timely and/or adequately evaluate and/or diagnose and/or treat Patient E for signs and/or symptoms of bowel obstruction and/or bowel stricture.
2. Respondent performed a rectal biopsy to rule out aganglionosis before adequately testing and /or evaluating Patient E to rule out a bowel obstruction and/or bowel stricture.
3. Respondent failed to maintain an adequate medical record for Patient E.

[redacted]

SPECIFICATION OF CHARGES

FIRST THROUGH FOURTH SPECIFICATIONS
GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on an occasion as alleged in the facts of the following:

1. The facts alleged in paragraphs A and A.1.
2. The facts alleged in paragraphs B and B.3.
3. The facts alleged in paragraphs D and D.1.
4. The facts alleged in paragraphs E and E.1.

FIFTH SPECIFICATION
NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

5. The facts alleged in two or more of the following paragraphs: A and A.1, and/or A and A.2, and/or A and A.3, and/or A and A.4, and/or A and A.5, and/or B and B.1, and/or B and B.2, and/or B and B.3, and/or

B and B.4, and/or C and C.1, and/or C and C.2, and/or C and C.3, and/or D and D.1, and/or D and D.2, and/or D and D.3, and/or D and D.4, and/or D and D.5 and/or E and E.1 and/or E and E.2, and/or E and E.3.

SIXTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:

6. The facts alleged in two or more of the following paragraphs: A and A.1, and/or A and A.2, and/or A and A.3, and/or A and A.4, and/or A and A.5, and/or B and B.1, and/or B and B.2, and/or B and B.3, and/or B and B.4, and/or C and C.1, and/or C and C.2, and/or C and C.3, D and D.1, and/or D and D.2, and/or D and D.3, and/or D and D.4, and/or D and D.5 and/or E and E.1, and/or E and E.2, and/or E and E.3.

SEVENTH THROUGH ELEVENTH SPECIFICATIONS

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, as alleged in the facts of:

7. The facts alleged in paragraphs A and A.5.

8. The facts alleged in paragraphs B and B.4.

9. The facts alleged in paragraphs C and C.3.

10. The facts alleged in paragraphs D and D.3, and/or D and D.4, and/or D and D.5.

11. The facts alleged in paragraphs E and E.3.

TWELFTH AND THIRTEENTH SPECIFICATIONS

FAILURE TO SUPERVISE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(33) by failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensee, as alleged in the facts of:

12. The facts alleged in paragraphs A and A.3.

13. The facts alleged in paragraphs C and C.2.

DATE: April 12, 2018

Albany, New York

[redacted]

MICHAEL A. HISER
Deputy Counsel
Bureau of Professional Medical Conduct

[redacted]

EXHIBIT "B"

Terms of Probation

1) Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).

2) Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.

3) Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].

4) The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.

5) The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.

6) Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.

[redacted]

7) Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.

8) Within thirty days of the Consent Order's effective date, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.

   a) Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.

   b) Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.

   c) Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.

   d) Respondent shall maintain medical malpractice insurance coverage with limits no less than $2 million per occurrence and $6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.

9) Respondent shall enroll in and successfully complete a continuing education program as directed by the Office of Professional Medical Conduct. This continuing education program is subject to the Director of OPMC's prior written approval. This program shall be successfully completed within the first 90 days of the probation period unless Respondent obtains, in writing, the Director's prior authorization to exceed that 90 day period. The Director, for good cause shown by Respondent prior to the expiration of such 90 day period, shall have full discretion to deny or grant such extension.

[redacted]

10) Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.